

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/29/2012	
NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 10/01/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/29/12</p> <p>Facility Number: 000543 Provider Number: 155471 Aim Number: NA</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this PSR survey, Four Seasons Retirement Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and</p>		K0000	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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	<p>hard wired smoke detectors in resident sleeping rooms. The facility has a capacity of 88 and had a census of 58 at the time of this visit.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. All areas which provide facility services were sprinklered except for the garage used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/07/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 doors with electromagnetic locks leading out of the Rehabilitation Center room remained unlocked until the fire alarm system was reset. LSC 19.2.1 requires every aisle, passageway, corridor, exit discharge, exit location, and access to be in accordance with Chapter 7. LSC 7.2.1.6.2(d) requires activation of the building fire protective signaling system, if provided, shall automatically unlock the doors in the direction of egress, and the doors shall remain unlocked until the fire protective signaling system has been manually reset. This deficient practice could affect 12 residents on West hall as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 11/29/12 at 4:05 p.m. during a fire alarm test with the Maintenance Supervisor, the electromagnetic locks used on the set of corridor entry doors leading into and out of the Rehabilitation Center and the Rehabilitation Center room direct exit, both on West hall released upon activation of the fire alarm system, but</p>		K0038	<p>Plan of Correction for K038, NFPA 101 Life Safety Code Standards. Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. The Summary Statement, at K 038, indicates that testing and observation were at 12:50 pm on 11/29/12, our records indicate that the test happened at 4:09 pm on that date. It is very important to note that the test initiated on 11/29 was only a "drill," a test of the visual and aural alarms, not a simulation of an actual emergency by activating a pull station or smoke head. Additional information, not available at the time of the 11/29 survey, contradicts the finding cited here as a deficiency. This is described in more detail in the facility's request for Informal Dispute Resolution (IDR), but, briefly:</p> <ul style="list-style-type: none"> ·Using the drill or test button instead of pulling an actual fire 		12/14/2012	

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	<p>when the entry doors and the exit door were approached with a wander guard band the set of orridor entry doors and the Rehabilitation Center room exit relocked. Based on interview on 11/29/12 at 12:55 p.m., it was acknowledged by the Maintenance Supervisor the aforementioned doors equipped with electromagnetic locks unlocked when the fire alarm system was activated, but relocked when approached with a wander guard band.</p> <p>3.1-19(b)</p> <p>This deficiency was cited on 10/01/12. The facility failed to implement a systematic plan of correction to prevent recurrence.</p>			<p>alarm handle does not override the electromagnetic door locks for the wander guard system. Therefore, during the test at the revisit survey, 11/29, the wander guard locks operated as usual and locked the doors temporarily.</p> <p>·If an actual fire alarm had been activated, the surveyor would have been able to see that the fire alarm does override the electromagnetic door locks, and that all doors were unlocked, allowing residents to exit from any of them.</p> <p>·The system was in fact working properly, but that was not apparent during the revisit survey on November 29 because an incorrect test was used. No residents (including those using wander guards) were in danger, because the fire alarm and wander guard systems were actually working properly. For these reasons, Four Seasons asks that the citation be reversed and that Four Seasons be found to be in full compliance.</p> <p>Corrective Actions Taken. The operation of the exit doors in the Health Center is correct, and in the event of a fire alarm (not a drill) the electromagnetic locks are not activated or engaged by wander guard bands. Measures or Systemic Changes to Prevent Recurrence. Exit doors in the Health Center will be tested and checked for proper operation monthly. Tests will include procedures to verify proper</p>			

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				Interaction of the fire alarm system and our wander guard system. (see "Wander Guard Door Testing P&P.doc" and "wander guard in-service sheet.pdf") Monitoring Corrective Actions to Prevent Recurrence. To monitor these corrective actions and systemic changes, the preventive maintenance checklist will continue to be reviewed at quarterly Quality Assurance and Risk Management meetings. Completion of Systemic Changes. These actions and changes will be completed and implemented by Friday, December 14, 2012.			